STATEMENT OF DEFICIENCIES name of provider or supplier		(X1) PROVIDER/SUPPLIER/CLIA 36G433		street	(x2) multiple construction a. building b. wing address, city, state, zip code	(X3) DATE SURVEY COMPLETED 01/17/2019			
NEW AVERU	NEW AVENUES-BRATENAHL				13802 LAKESHORE SOULEVARD CLEVELAND OH, 44110				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED BY FULL		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	ACTION SHOULD BE			
W 0000	INITIAL COMMENTS FUNDAMENTAL SURVEY ADMINISTRATOR: Karen Knavel CERTIFIED BED CAPACITY: 8 CENSUS: 7 The following deficiency is based on the		W 00	000					
	fundamental survey o 01/17/19.								
hambana di sat	or's or provider/supplier represe			_	title		(v4) date		

any deficiency statement ending with an exteriek (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) except for nursing homes, the findings stated above are clackeable 90 days following the date of survey whether or not a plan of correction is provided, for nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

form cms-2567(02-99) previous versions obsolete

Event:3DNC11

Fadilty ID:OH01661

SHARON.DINARDO

If continuation sheet

01/24/2019

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA 369433			(x2) multiple construction a. building b. wing	(X3) DATE SURVEY COMPLETED 01/17/2019		
name of provider or supplier NEW AVENUES-BRATENAHL				1380	street address, city, state, zip code 13802 LAKESHORE BOULEVARD CLEVELAND OH, 44110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED BY FULL		ID PREFI) TAG	c	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETIO N	
W 0104 W 0104	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BEPRECEDED		WO	104	W- 0104 The facility failed to ensure the environme was maintained in good repair and sanita. This had the potential to affect the current house census of seven individuals. The finas addressed the findings of the annual survey of January 17, 2019. The carpet in the living room, on the floor, will be replaced by 02/28/19. The carpet on the second floor will be replaced by 02/28/19. The carpet in front of the first bedrood (Individual #1 and Individual #7's room) we replaced by 02/28/19. The carpet in front of the first bathrood the right of the stairs will be replaced by 02/28/19. The carpet in front of the second bedid (Individual #5's room) will be replaced by 02/28/19. The carpet in front of the third bedrood (Individual #4 and Individual #6's room) wireplaced by 02/28/19. The wall mounted mirror in the first bathroom to the right of the stairs will be replaced by 02/28/19. The sink vanity and wall mounted mind the second bathroom will both be replaced 02/28/19. The sink vanity and wall mounted mind the second bathroom will both be replaced 02/28/19. The handrails on both sides of the staleading from the first floor to the second fiction of the facility has developed a method to assatiated and repainted by 01/31/19.	ry. t facility main m ill be m to room m ill be ror in i by ps por	02/28/2019	
	hazard:							

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA 36G433			(x2) multiple construction a. building b. wing		(X3) DATE SURVEY COMPLETED 01/17/2019	
name of provider or supplier NEW AVENUES-BRATENAML				street address, city, state, zip code 13802 LAKESHORE BOULEVARD CLEVELAND OH, 44110				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED BY FULL		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	TION SHOULD BE		
W 0104	1		W 01	104	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			

STATEMENT OF (x2) multiple construction (X3) DATE SURVEY DEFICIENCIES COMPLETED PROVIDER/SUPPLIER/CLIA a. building 36G433 01/17/2019 b. wina name of provider or supplier street address, city, state, zip code NEW AVENUES-BRATENAHL 13802 LAKESHORE BOULEVARD CLEVELAND OH, 44110 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICICIENCY MUST BEPRECEDED PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETTO TAG BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE W 0104 Continued From page 3 W 0104 hall, the sink vanity was observed with the finished surface worn exposing unfinished wood and missing door knobs and drawer handles. The wall mounted mirror frame was completely worn off, exposing a white fiber layer of shredded particle board with an unfinished surface not maintained in a senitary condition for the multiple individuals using the bathroom. The hand rails on both sides of the steps leading from the first floor to the second floor, were observed with multiple layers of splintered and cracked paint, creating an unfinished surface, not maintained in a safe and sanitary condition.